



INSTRUCTIONS: PRIVATE SELF INSURER'S ANNUAL REPORT Year Ending December 31, 2004

General Information

The annual report form, Form A4-40a, is the annual report form for all private self insured employers, active or revoked, to report their self insured workers' compensation claims experience for the preceding year. The report for 2004 must be completed in full and filed with Self Insurance Plans (SIP) no later than March 1, 2005.

SIP is sending to each self insurer one preprinted annual report form with page 1 partially completed. The preprinted information should be verified for accuracy, and any errors in the preprinted material should be marked in ink on the report.

SIP needs two completed reports. At least one report must be on white legal size paper with the original wet signature of the self insurer on page 4 and an original signature of the claims administrator on the reverse side of each page 2, Liabilities by Reporting Location. Note that a separate page 2, Liabilities by Reporting Location, must be submitted for each location that administers claims.

You may send a computer-generated facsimile following the required format of the report form for any other page of the report, provided the original signature is on legal size paper. The other set of the report may consist of copies on white legal size paper—note that the forms are two-sided.

Also, submit two sets of the List of Open Indemnity Cases, and the Specific Excess Insurance Policy Coverage pages.

The reports must be filed with Self Insurance Plans no later than **March 1, 2005**. We accept the reports beginning January 2 of each year.

Please include two copies of the self insurer's current financial statement when it becomes available.

If you have any questions, please contact Self Insurance Plans at (916) 483-3392.

Instructions: Page 1—partially preprinted - to be completed by self insurer

I. General

1. Verify the certificate number.
2. Period of report. Indicate full year, unless the report is an interim report. If so, indicate the dates the report covers. Indicate if the report is an amended report.
3. Name of master certificate holder. Enter or verify the name and address of the master certificate holder that is self insured. Verify state of incorporation and federal tax identification number. If you know the first four digits of the North American Industry Classification System (NAICS) for your California operations, please insert it. If you do not have your NAICS code, please leave it blank and SIP will complete that section at a later date. The NAICS codes are published in the North American Industry Classification System, Executive Office of the President, Office of Management and Budget, 1997.
4. Verify the legal names of the affiliate or subsidiary companies that are self insured under this master certificate. Verify that SIP records as presented are correct, including complete company names, spelling, and other information.
5. Indicate any changes made to any of the self insured entities during the period January 1, 2004 through December 31, 2004, including re-incorporations, mergers, changes in identity (legal name changes) and/or additions to the program.
6. Employment and wages paid in calendar year 2004. Report the total wages and salaries paid for California, as well as the total number of employees—not the average number and not full employee equivalents. To help calculate the number of employees, page 1 asks for the number of W-2 tax forms issued to any employee in California for the given year.

Note: Revoked self insurers revoked before June 30, 2001 (employers that are no longer self insured but are reporting their “run-off” claims from the period of self insurance) must continue to provide employment/wage information for three years after revocation. Those revoked on or after June 30, 2001 must continue to provide employment/wage information for five years after revocation. This data is used to determine the private sector license fee assessment (Title 8, Chapter 8, Subchapter 2, Article 3, California Code of Regulations). The data is also used to determine user funding, fraud and Cal/OSHA targeted inspection assessments (Title 8, Chapter 8, Sections 15600-15610). If the employment and wage information is not included on the current annual report form, SIP will use the data from the last annual report form submitted.

7. Verify the company, name and address of the person who will receive all correspondence, invoices for fees and penalties, annual reports and notices of changes in regulations.

Instructions: Page 2

II. Liabilities by Reporting Location

This page must be completed by your third party administrator, or, if self administered, by your in-house claims administrator. A separate Page 2 must be completed for each separate reporting location: that is, from each claims adjusting office handling claims for the self insured employer and for each self insured company posting a separate security deposit under the same certificate. The Consolidated Liabilities page (a separate page to total all the locations) is no longer required.

Reporting location number. Enter the number that corresponds to the TPA and the location of the administrator preparing this page. The first number is either 3 for TPA or 2 for self administered—the next four are the self insurer certificate number—the next two are the TPA location number—the last three are the TPA's certificate number.

Name/Identification of Location: Enter the name of the TPA and the office location.

Enter the name of the self insured private entity: Master, Subsidiary, or Affiliate.

Type of report. The designation should be as an original report unless the report is for an interim period (for instance, when changing administrators mid-year or is being submitted to amend the original report to correct an error.

A. Cases and benefits.

1. Report the cases open as of 12/31/2004 that were reported prior to 2001 for the self insured company.
- 2a-e. Report the 2000, 2001, 2002, 2003, and 2004 claim liabilities in the split format for each of the years. For each of these years report the liability figures for both *All cases reported* and *Cases open*.

The *Future Liability \$ Indemnity* and *\$ Medical* entry boxes for years 2000-2004 are centered (that is, the estimated future liabilities for all cases reported and for cases open), because the future liability for any given year should be the same as *All cases reported* for that year, and *Cases open* in that year. Note that that the cases and benefits table should add mathematically both horizontally by year and vertically for the future liability.

The *Incurred Liability* entries minus the *Paid to Date* entries equal the *Future Liability* entries.

Each *\$ Indemnity* entry for each year adds mathematically across the table and each *\$ Medical* entry for each year likewise adds up across the table.

Future Liability \$ Indemnity entries for years 2000, 2001, 2002, 2003 and 2004 (2a-e) are the same amount in any given year's line, whether you are calculating *All cases reported* or *Cases open* for that particular year. Similarly, the *Future Liability \$ Medical* entry for each of those years should be the same number for any given year, whether you are calculating *All cases reported* or *Cases open* for that particular year.

SIP checks the math—numbers must add horizontally across the page and vertically down the *Future Liability* columns.

SIP will reject reports that do not calculate correctly.

Attach a list of all open indemnity claims. The list may be on the List of Open Indemnity Cases provided at the end of the annual report form, or on a computer run organized in the same format. If the list of cases is a computer run, it must include the: name of the self insured employer or affiliate or subsidiary employer, date of injury, description of injury, paid to date and estimated future liability. The listing must be by year reported and alphabetical within each year.

Page 2 Reverse Side: Administrator/Certification

- A. List the name of the current administrator or TPA at the time the report is being completed.

Note: The administrator named may not be the same as the claims administrator actually responsible for completing the report. If there has been a change of administrator on or after January 1, 2004, the new administrator's name should be entered in item B with the date of the change and the agency name, address, etc. completed.

List the name of the person responsible for the claims, the administrative agency name and address, and the complete TPA certificate number that was issued by SIP.

- B. Indicate if there has been any change in claims administration since January 1, 2004.

The person named in item A or B must have passed the Administrator's Exam.

The certification on one of the reports submitted to SIP must have an **original** (real, wet) signature and be completed with the administrator's name, title, company and address. A copy of an original signature is not acceptable.

The certification must be signed by a person who works at the reporting office, has passed the Administrator's Exam and whose name is on file at SIP. Any claims examiner name changes needs to be reported to SIP prior to submitting the annual reports. A request for a name change must be accompanied by a copy of the documents such as a marriage license, divorce decree or petition for name change. **Reports with unqualified persons signing the liabilities section will be returned to the self insurer.**

Note: All reporting location pages must be signed

Instructions: Page 3

III. Administrator Information

- A. Enter the total number of reporting location pages—
- B. List the claims administrator submitting each page 2 report by agency name, city location, and amount of estimated future liability from page 2 line 3.
- C. Enter the total amount of estimated future liability from all reporting location pages 2s, line 3.

IV. Records Storage

Indicate whether the closed claims records are kept at any location other than with the present administrator. If so, give the name and address of the other locations.

V. Insurance Coverage

If any of the questions are not answered, the annual report will be returned.

- 1. Indicate if any of the workers' compensation liabilities are covered by a standard workers' compensation policy. List the insurance company name, policy number and issue date.
- 2. Indicate if any of the workers' compensation liabilities are covered by a specific excess workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.
- 3. Indicate if any of the workers' compensation liabilities are covered by an aggregate workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.

Instructions: Page 4

VI. Deposit Calculation

This section is used to determine the required security deposit. If claims on the List of Open Indemnity Cases exceed the retention level of the specific excess policy covering that claim, you must first complete both sides of page 5—to calculate the total adjustment for excess coverage—before completing page 4.

- A. Estimated future liability. This figure comes from page 3, section III, item C.
 - 1. Minimum deposit factor is 135% unless otherwise applicable to the self insurer. For many self insurers, a higher deposit rate required.
 - 2. Multiply item A by A(1) to determine the minimum deposit required, A(2).

B. One year average unpaid claim liability calculation.

1. Estimated Future Liability: This figure is taken from line A.
2. Less Future Liability of cases prior to 2000: This figure is the sum of Future Liability [Medical and Indemnity] on line 1 from each reporting location page submitted.
3. Five year total unpaid Future Liability: This figure is line B1 minus line B2.
4. One Year average unpaid liability: This figure is line B3 divided by 5. If you have been self insured for less than 5 years, divide the unpaid future liability by the number of years that you have been self insured.

C. Adjusted Deposit Required: Add Minimum Deposit required to one year unpaid liability claim: line A(2) + line B(4).

D. Adjustment for specific excess coverage—see page 5 for instructions on calculating.

This amount is deducted from the required deposit.

E. Security deposit required to be posted. Subtract item D from item C. By statute, the minimum security deposit is \$220,000.

F. Total security deposit currently posted. Including all types of securities, this is the total security deposit currently posted with SIP. **Note:** If the self insured employer is a full participant in the Alternative Security Program (ASP) through the Self Insurers' Security Fund, the amount will be 0.

Subtract item F from item E to determine whether a minimum deposit increase or decrease is indicated. (Keep in mind the deposit cannot decrease below the statutory minimum.)

Instructions: Page 5

Specific Excess Insurance Policy Coverage

Important notes: The calculation formula has been amended. Please read these instructions carefully.

In no event can credit for specific excess insurance exceed the claim's estimated future liability. Total unpaid carrier liability cannot exceed estimated future liability.

Credit can not be extended for specific excess coverage to insurance companies that are insolvent, seized, bankrupt, or a non-admitted California surety. As a state agency, Self Insurance Plans cannot violate California statutory law or the Insurance Code.

The only payments that may be applied toward a claim's specific excess retention are indemnity and medical expenses paid to date.

This page is used to itemize claims covered by a specific excess insurance policy. Each claim on the List of Open Indemnity Cases that exceeds the retention level of the specific excess policy should be entered here.

This page should be completed before completing page 4, Deposit Calculation. There is room for detailed information on three claims per page—make as many copies as necessary of this page.

Complete all information on each claim or credit for the claim's excess coverage may not be allowed. Enter the data as follows:

Name of claimant—last name, first initial.

Claim number—as entered on your loss runs to identify this specific claim, since more than one claim for the same person may exist.

Date of injury—actual date the injury occurred.

First year reported to SIP—essentially the date reported to the employer, but we only ask for the year of the first annual report where the claim was first reported to SIP on the list of open indemnity cases reported. For example, a 1987 claim reported in 1988 to the employer would be on the 1988 annual report: enter 1988.

Description of injury—provide a brief one- or two-word description, such as back, head, stress.

Name of specific excess carrier—complete, correct name of the carrier (many carriers have similar names).

Credit for specific excess coverage can not be extended to insurance companies that are insolvent, seized, bankrupt, or a non-admitted California surety. However, all claims that fall into this category must be reported, and the information is helpful in bankruptcy situations. Since no credit can be given for such cases, enter a zero in the box labeled Total Unpaid Carrier Liability, after completing all the other information pertaining to the claim.

Policy number—of the specific excess policy covering the claim.

Policy period—start and stop dates of the policy.

Employer's retention—the amount of loss the self insurer must pay before the carrier will indemnify it.

Upper policy limit—the insurance policy's upper limit of indemnity is the maximum amount of loss for which the carrier will indemnify the self insurer.

Check a yes or no response to: claim reported to carrier, claim acknowledged/accepted by carrier, has carrier denied any part or all liability of this claim.

Total of payment by excess carrier to date of this claim—the amount the carrier has paid to date in reimbursements. This amount is for information purposes only, and does not enter into the calculations for excess credit.

Calculating the unpaid employer retention:

- 1a. Employer's retention—stated in the policy, the minimum retention level is the amount of loss the self insurer must pay on a claim before the carrier will indemnify.
- 1b. Total paid on claim—indicate the sum of the paid-to-date indemnity and medical costs on this claim reported in the List of Open Indemnity Claims.
- 1c. Unpaid employer retention—subtract the total paid on claim from the employer's retention to determine any unpaid employer retention. If the employer paid over the retention level and the total paid on claim is a larger number than the employer's retention, enter zero.

Calculating the total unpaid carrier liability:

- 2d. Estimated future liability on claim—to estimate what remains to be paid on this claim in indemnity and medical, indicate the sum of the estimated future liability indemnity and medical costs reported in the List of Open Indemnity Claims.
- 2e. Unpaid employer retention—the number determined in item 1c above.
- 2f. Total unpaid carrier liability—subtract the unpaid employer retention from the estimated future liability on this claim to determine the total unpaid carrier liability.

Exception: For claims involving a specific excess insurance carrier that is insolvent, seized, bankrupt, or a non-admitted California surety, enter zero in this box (credit for excess coverage can not be allowed).

Note: Total unpaid carrier liability can never exceed the estimated future liability of the claim. The self insurer may not take credit for payments made on a claim for which reimbursement has not been received by the specific excess insurance carrier. The self insurer can only claim credit for specific excess insurance coverage for amounts left to pay on the claim, the estimated future liability.

Subtotal—the sum of the total unpaid carrier liability for each claim on the page.

Page 5 Reverse Side: Calculation of Specific Excess Coverage Entry for Annual Report

To calculate the security deposit, the self insurer needs the total adjustment for excess coverage figure to enter on page 4, line D. This adjustment figure is prepared by the claims administrator and calculated from the List of Open Indemnity Cases at the end of the annual report.

1. Enter the total unpaid carrier liability listed on all pages of Specific Excess Insurance Policy Coverage.
2. Enter the deposit rate applicable to the self insurer.
3. Multiply the figure in line 1 by the figure in line 2 and enter that total in line 3.
4. Enter the figure in line 3 on page 4, line D.

Note: Remember to complete the summary calculation on the back of the last page of the Specific Excess Insurance Policy Coverage pages and submit the set of completed excess insurance pages with each report.